

CLAIMS ONLY						Application Number <i>10689147</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						
2	/						
3	/						
4	/						
5	/						
6	/						
7	/						
8	/						
9	/						
10	/						
11	/						
12	/						
13	/						
14	/						
15	/						
16	/						
17	/						
18	/						
19	/						
20	/						
21	/						
22	/						
23	/						
24	/						
25	/						
26	/						
27	/						
28	/						
29	/						
30	/						
31	/						
32	/						
33	/						
34	/						
35	/						
36	/						
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
Total Indep	4						
Total Depend	32						
Total Claims	36						